



VALLEX GARDEN FITNESS

New member

Renewal

Transfer

Passport

Driver license

ID

Last name _____

First name _____

Address _____

Home phone _____

Work phone _____

Cell phone _____

E-mail: _____

Emergency contact _____

Emergency phone _____

Date of birth _____

Gender **M** **F**

MEMBERSHIP TYPE

Annual classic

Rates (AMD)

349.900

Monthly

39.900

Light classic

249.900

Light flexi

25.900

(monthly payment)

100 days

99.900

Easy (12 visits during one month)

25.900

The membership transfer in the 1st time free of charge, each following transfer costs 30000 AMD.

PAYMENT OPTIONS

Cash

Credit card

Bank transfer

* All prices are in Armenian Dram and include VAT.

HEALTH HISTORY

Allergies _____

Blood type _____

Please indicate if you have ever experienced any of the following conditions:

Heart attack

Heart disease

Diabetes

High cholesterol

Abnormal EKG

Medications for the heart

Hardening of the arteries

Stroke

Back or spinal injury

High blood pressure

Medications for high blood pressure

Other important medical information _____

I have no any problem with my health

I realize that my answers to the above questions will be considered by the VGF in determining whether I will be permitted to participate in certain programs offered by VGF and accordingly I certify that such answers are true and correct and in the event that any such answers should prove to be untrue, I release the Vallex Garden Fitness from any and all liability, loss, costs, damage and expenses resulting from its certain programs offered by the department and

Member signature _____

Date " " 20 _____

VALLEX GARDEN FITNESS PARTICIPANT AGREEMENT

NOTE: this agreement must be signed by all adult participants and by a parent or guardian of any minor seeking to participate in any recreation department programs or activities.

WARNING OF RISK

Despite the implementation of all reasonable precautions by the VGF, an unavoidable risk of serious injury will always exist when participating in any recreational activity. Accordingly, the VGF hereby informs all participants and parents/guardians of minor participants that it is impossible to guarantee absolute safety for all program and activity participants.

REQUIRED PARENT/GUARDIAN SIGNATURE FOR MINOR PARTICIPANTS

I am the parent or legal guardian of _____, and am registering _____ to participate in a program or activity offered by the Vallex Garden Fitness. I have read and reviewed this application, and I'm signing it on behalf of my child/ward, in my capacity as parent and legal guardian. By signing below, I am agreeing on behalf of my child/ward to be bound along with my child/ward by all terms and conditions of this application as set forth above.

Date

Parent/Guardian Name

Parent/Guardian Signature

Vallex Garden Fitness has state-of-the-art equipment, aerobic and circuit room with LeMond cycling bikes and huge swimming pool using cutting edge ultraviolet filtering technology. You'll enjoy getting in shape with our convenient hours, quality service, and affordable rates.

Hours of operation: Vallex Garden Fitness is open every day from 8:00 till 23:00

Closings: Vallex Garden Fitness will be closed at various times throughout the year for certain special events and holidays. Please contact the VGF Reception for an updated list of closings.

25/2 Nelson Stepanyan, Stepanakert, Artsakh, Phone: +374 47 973397, +374 47 973393, Fax: +374 47 973337, Mobile: +374 97 323393

E-mail: fitness@vallexgarden.com Web: www.vallexgarden.com

